

=> fil medline

FILE 'MEDLINE' ENTERED AT 14:27:54 ON 08 JAN 2004

FILE LAST UPDATED: 7 JAN 2004 (20040107/UP). . FILE COVERS 1958 TO DATE.

On December 14, 2003, the 2004 MeSH terms were loaded. See HELP RLOAD for details.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2004 vocabulary. See <http://www.nlm.nih.gov/mesh/> and http://www.nih.gov/pubs/yechebull/nd03/nd03_mesh.html for a description on changes.

This file contains CAS Registry Numbers for easy and accurate substance identification.

*** YOU HAVE NEW MAIL ***

=> d all tot

L77 ANSWER 1 OF 8 MEDLINE on STN
AN 2002458694 MEDLINE
DN 22204755 PubMed ID: 12216605
TI Superficial versus deep dry needling.
AU Baldry Peter
p.baldry@ukonline.co.uk
SO Acupunct Med, (2002 Aug) 20 (2-3) 78-81. Ref: 17
Journal code: 9304117. ISSN: 0964-5284.
CY England: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 200301
ED Entered STN: 20020910
Last Updated on STN: 20030202
Entered Medline: 20030131
AB Ninety percent of my patients with myofascial trigger point (MTrP) pain have this alone and are treated with superficial dry needling. Approximately 10% have concomitant MTrP pain and nerve root **compression** pain. These are treated with deep dry needling. SUPERFICIAL DRY NEEDLING (SDN): The activated and sensitised nociceptors of a MTrP cause it to be so exquisitely tender that firm pressure applied to it gives rise to a flexion withdrawal reflex (jump sign) and in some cases the utterance of an expletive (shout sign). The optimum strength of SDN at a MTrP site is the minimum necessary to abolish these two reactions. With respect to this patients are divided into strong, average and weak responders. The responsiveness of each individual is determined by trial and error. It is my practice to insert a needle (0.3mm x 30mm) into the tissues immediately overlying the MTrP to a depth of 5-10 mm and to leave it in situ long enough for the two reactions to be abolished. For an average reactor this is about 30secs. For a weak reactor it is several minutes. And for a strong reactor the insertion of the needle and its immediate withdrawal is all that is required. Following treatment muscle stretching exercises should be carried out, and any steps taken to eliminate factors that might lead to the reactivation of the MTrPs. DEEP DRY NEEDLING (DDN): This in my practice is only used either when primary MTrP activity causes shortening of muscle sufficient enough to bring about **compression** of nerve roots. Or when there is nerve **compression** pain usually from spondylosis or **disc** prolapse and the secondary development of MTrP activity. Unlike SDN, DDN is a painful procedure and one which gives rise to much post-treatment

soreness.

CT Check Tags: Female; Human; Male

Acupuncture Analgesia: IS, instrumentation

***Acupuncture Analgesia: MT, methods**

Anesthetics, Local: AD, administration & dosage

Myofascial Pain Syndromes: PP, physiopathology

***Myofascial Pain Syndromes: TH, therapy**

Nociceptors: PP, physiopathology

CN 0 (Anesthetics, Local)

L77 ANSWER 2 OF 8 MEDLINE on STN

AN 2002304632 MEDLINE

DN 22042965 PubMed ID: 12048416

TI Comparison of superficial and deep **acupuncture** in the treatment of lumbar myofascial pain: a double-blind randomized controlled study.

AU Ceccherelli Francesco; Rigoni Maria Teresa; Gagliardi Giuseppe; Ruzzante Leonardo

CS Observatory on Unconventional Medicine, Anesthesiological Unit of the Department of Pharmacology and Anesthesiology, University of Padova, Italy.. istaneri@ux1.unipd.it

SO CLINICAL JOURNAL OF PAIN, (2002 May-Jun) 18 (3) 149-53.

Journal code: 8507389. ISSN: 0749-8047.

CY United States

DT (CLINICAL TRIAL)

Journal; Article; (JOURNAL ARTICLE)

(RANDOMIZED CONTROLLED TRIAL)

LA English

FS Priority Journals

EM 200209

ED Entered STN: 20020606

Last Updated on STN: 20020913

Entered Medline: 20020912

AB OBJECTIVE: The aim of the study was to compare the therapeutic effect of the superficial and in-depth insertion of **acupuncture needles** in the treatment of patients with chronic lumbar myofascial pain. DESIGN: A prospective randomized double-blind study of superficial and deep **acupuncture** was conducted. SETTING: The study was conducted in the Pain Service Unit of the University of Padova. PATIENTS: The study comprised 42 patients with lumbar myofascial pain who were divided into two equal groups (A and B). INTERVENTION: In group A, the **needle** was introduced in the skin at a depth of 2 mm, whereas in group B the **needle** was placed deeply into muscular tissue. The treatment was planned for a cycle of eight sessions. OUTCOME MEASURES: The intensity of pain was evaluated with the McGill Pain Questionnaire before and after treatment and at the 3-month follow-up examination. RESULTS: Although at the end of the treatment there was no evidence of significant statistical differences between the two different groups, pain reduction was greater in the group treated with deep **acupuncture**. A statistical difference existed between the two groups at the 3-month follow up, with a better result in the deeply stimulated group. CONCLUSIONS: Clinical results show that deep stimulation has a better analgesic effect when compared with superficial stimulation.

CT Check Tags: Comparative Study; Female; Human; Male; Support, Non-U.S. Gov't

***Acupuncture Therapy: MT, methods**

Adult

Double-Blind Method

Follow-Up Studies

Lumbosacral Region

Middle Age

Myofascial Pain Syndromes: PP, physiopathology

***Myofascial Pain Syndromes: TH, therapy**

Pain Measurement
Palliative Care

L77 ANSWER 3 OF 8 MEDLINE on STN
 AN 90320428 MEDLINE
 DN 90320428 PubMed ID: 1973579
 TI Beneficial effects of **acupuncture** treatment following experimental spinal cord injury: a behavioral, morphological, and biochemical study.
 AU Politis M J; Korchinski M A
 CS Department of Surgery, University of Saskatchewan, Saskatoon, Canada.
 SO ACUPUNCTURE AND ELECTRO-THERAPEUTICS RESEARCH, (1990) 15 (1) 37-49.
 Journal code: 7610364. ISSN: 0360-1293.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Priority Journals
 EM 199008
 ED Entered STN: 19900921
 Last Updated on STN: 19950206
 Entered Medline: 19900821
 AB The uses and limitations of "first aid" **acupuncture** treatment were assessed after spinal cord injury in rats. Spinal cords were exposed to a standardized contusion lesion at T8, followed by **electroacupuncture** stimulation of three points: (a) Bl.60 (within the depression dorsal to the lateral malleolus), (b) Bl.54 (popliteal space) and (c) Gv.3 (**intervertebral** space between L4 and L5). **Acupuncture** treatment was performed at by either 15 min or 24 hrs after surgery. Control rats received spinal cord injury without **acupuncture** treatment. Animals were assessed at 3 days post-operatively. Results showed improved function (as assessed by a combined behavioral score) in rats which had been treated with **acupuncture** 15 min after injury relative to those that received no **acupuncture** treatment. This was accompanied by minimization of post-traumatic cord shrinkage in **acupuncture**-treated animals and a marked (3 fold) sparing of ventral horn neurons. Plasma cortisol levels rose over 3-fold within 2 hours post-operatively in non-**acupuncture**-treated rats, where these levels rose less than two fold in **acupuncture** treated animals. None of the above beneficial effects occurred in rats given **acupuncture** treatment 24 hrs after spinal cord injury. Results point to a usefulness of **acupuncture** as adjunct treatment during early stages after spinal cord injury.
 CT Check Tags: Animal; Female
 Acupuncture Points
 *Acupuncture Therapy: MT, methods
 Electroacupuncture
 Emergency Medical Services
 Rats
 Rats, Inbred Strains
 Spinal Cord Injuries: SU, surgery
 *Spinal Cord Injuries: TH, therapy
 Time Factors
 L77 ANSWER 4 OF 8 MEDLINE on STN
 AN 90020102 MEDLINE
 DN 90020102 PubMed ID: 2678566
 TI [**Acupuncture** in pain therapy: current concepts].
 Akupunktur in der Schmerztherapie: aktuelle Konzeptionen.
 AU Luu M; Boureau F
 SO THERAPEUTISCHE UMSCHAU, (1989 Aug) 46 (8) 518-25. Ref: 21
 Journal code: 0407224. ISSN: 0040-5930.
 CY Switzerland

DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)

LA German
FS Priority Journals
EM 198911
ED Entered STN: 19900328
Last Updated on STN: 19900328
Entered Medline: 19891107

AB **Acupuncture** is a technique that was originally developed in ancient Chinese culture. One of the most important areas of use is in pain treatment. Many scientific publications have tried to prove the efficacy of **acupuncture** and have tried to determine the possible mechanisms of action. It has been shown that stimulation by **acupuncture**, mechanically or electrically, stimulates certain endocrine control mechanisms, which cause the release of morphine like substances. These endocrine controls are not only stimulated by **acupuncture**, but also are activated by other pain fighting techniques that utilize peripheral stimulation. Even if experimental studies could prove the effects of **acupuncture**, it is still difficult for scientists to accept the Chinese theory. Until now, nobody could determine the exact nature of the points and circles of **acupuncture**. The precise location of the points does not seem to be a requirement for the analgesic effects. The analysis of referred pain made it possible to confirm the anatomical and functional bases of **acupuncture** points and circles. Many authors have found good external agreement between points of pain and **acupuncture** points and have found agreement between the Chinese circles and radicular and pseudoradicular pain areas. With respect to the interpretation of the results of controlled clinical studies, it was difficult to determine the criteria for placebo. The criteria used depends on which **acupuncture** model is used. In the traditional model, any use of the **needle** at a different point from the Chinese point is called placebo. In the neurophysiological model, it seems that the method of stimulation, mechanical or electrical, makes the difference. This hypothesis has been confirmed by analysing all past clinical studies. (ABSTRACT TRUNCATED AT 250 WORDS)

CT Check Tags: Human
*Acupuncture Analgesia: MT, methods
Acupuncture Points
Endorphins: PH, physiology
English Abstract
Pain: PP, physiopathology
*Pain: TH, therapy
Spinal Cord: PP, physiopathology

CN 0 (Endorphins)

L77 ANSWER 5 OF 8 MEDLINE on STN
AN 78247183 MEDLINE
DN 78247183 PubMed ID: 683427
TI [Modified **acupuncture** in the treatment of pain].
Igloterapia w zwalczaniu bolu.
AU Kwasucki J; Zaleska B; Gierczak J
SO NEUROLOGIA I NEUROCHIRURGIA POLSKA, (1978 May-Jun) 12 (3) 229-34.
Journal code: 0101265. ISSN: 0028-3843.
CY Poland
DT Journal; Article; (JOURNAL ARTICLE)
LA Polish
FS Priority Journals
EM 197810
ED Entered STN: 19900314
Last Updated on STN: 20000303
Entered Medline: 19781018

AB The authors report the results of treatment with a modification of **acupuncture** associated with chemical stimulation in 144 patients with painful radicular syndromes and headaches. In 57 cases sciatic pains were present, in 21 cases shoulder pains, in 20 migraine and in 46 vasomotor headaches. Permanent disappearance of pain, that is disappearance of pain during the procedure and lack of recurrence within several successive days, was obtained in about 40% of cases of radicular syndromes and in 62% of cases of headaches, early disappearance of pain for 3 to 48 hours after the procedure was obtained in 14% of radicular syndromes and nearly 26% headaches, while improvement, that is reduction of pain intensity, was achieved in 29.5% of radicular pains and 3% of headaches, while in 15.3% of cases of radicular syndromes and 9% of cases of headaches no improvement was observed. Both vasomotor headaches and neuralgias belong to the group of nervous system diseases in which pain is the basic and sole symptom, while treatment includes its removal. In these cases **acupuncture** is a valuable analgesic method. The presently reported results agree with those in the literature on the use of classical **acupuncture** and its modifications. It is worth stressing that insertion of **needles** into the traditional points used in classical **acupuncture** is without any greater importance was shown by the presently reported experiences (various points were used in the same case) as well as by the reports of other authors. The modification of **acupuncture** with addition of chemical stimulation has been tried by the authors for 4 years. A weak stimulus resulting from insertion of the **needle** and irritation of the nerve endings with concentrated sodium chloride acts similarly as mechanical or electrical irritation. The method is simple and completely safe.

CT Check Tags: Human

***Acupuncture Therapy: MT, methods**

English Abstract

Pain: ET, etiology

*Pain: TH, therapy

Recurrence

Remission, Spontaneous

Sciatica: CO, complications

Vascular Headaches: CO, complications

L77 ANSWER 6 OF 8 MEDLINE on STN

AN 75052037 MEDLINE

DN 75052037 PubMed ID: 4479722

TI Managing chronic pain.

AU O'Neal J T

SO AMERICAN FAMILY PHYSICIAN, (1974 Dec) 10 (6) 74-84.

Journal code: 1272646. ISSN: 0002-838X.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Abridged Index Medicus Journals; Priority Journals

EM 197502

ED Entered STN: 19900310

Last Updated on STN: 19900310

Entered Medline: 19750218

CT Check Tags: Human

Acupuncture Therapy

Analgesics: TU, therapeutic use

Behavior

Behavior Therapy

Central Nervous System: SU, surgery

Chronic Disease: TH, therapy

Emotions

Hypertonic Solutions

Injectons, Spinal

Nerve Block
 Nerve Fibers, Myelinated: PP, physiopathology
 Neural Inhibition
 Pain, Intractable: DI, diagnosis
 Pain, Intractable: DT, drug therapy
 Pain, Intractable: PP, physiopathology
 Pain, Intractable: SU, surgery
 *Pain, Intractable: TH, therapy
 Physical Examination
 Psychological Tests
 Reticular Formation: PP, physiopathology
 Social Environment
 Sodium Chloride: AD, administration & dosage
 Sodium Chloride: TU, therapeutic use

Spinal Cord: PP, physiopathology

Synapses: PP, physiopathology

RN 7647-14-5 (Sodium Chloride)
 CN 0 (Analgesics); 0 (Hypertonic Solutions)

L77 ANSWER 7 OF 8 MEDLINE on STN

AN 75034940 MEDLINE

DN 75034940 PubMed ID: 4609312

TI **Acupuncture** for pain relief.

AU Rozier C K

SO PHYSICAL THERAPY, (1974 Sep) 54 (9) 949-52.

Journal code: 0022623. ISSN: 0031-9023.

CY United States

DT Historical

Journal; Article; (JOURNAL ARTICLE)

LA English

FS Abridged Index Medicus Journals; Priority Journals; History of Medicine

EM 197501

ED Entered STN: 19900310

Last Updated on STN: 19900310

Entered Medline: 19750116

CT Check Tags: Human

***Acupuncture Therapy**

Acupuncture Therapy: HI, history

China

Europe

History of Medicine, 17th Cent.

History of Medicine, 19th Cent.

History of Medicine, 20th Cent.

History of Medicine, Ancient

History of Medicine, Medieval

Japan

Medicine, Chinese Traditional

Needles

Pain: PP, physiopathology

*Pain: TH, therapy

Perception

Physical Stimulation

Reflex

Spinal Cord: PP, physiopathology

Substantia Gelatinosa: PP, physiopathology

Thalamus: PP, physiopathology

L77 ANSWER 8 OF 8 MEDLINE on STN

AN 72257738 MEDLINE

DN 72257738 PubMed ID: 5052061

TI **Needle** power. A report and discussion of **acupuncture**.

AU Lee J F

SO CALIFORNIA MEDICINE, (1972 Aug) 117 (2) 74-6.

Journal code: 0410260. ISSN: 0008-1264.

CY United States

DT Journal; Article; (JOURNAL ARTICLE)

LA English

FS Priority Journals

EM 197210

ED Entered STN: 19900310

Last Updated on STN: 19900310

Entered Medline: 19721005

CT Check Tags: Female; Human; Male

*Acupuncture Therapy

Adult

*Anesthesia, Dental

*Intervertebral Disk Displacement: TH, therapy

Middle Age

*Osteoarthritis: TH, therapy

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(FILE 'HOME' ENTERED AT 10:59:28 ON 08 JAN 2004)
SET COST OFF

FILE 'MEDLINE' ENTERED AT 10:59:41 ON 08 JAN 2004

L1 9090 S ?ACUPUNCT?
E ACUPUNCTURE/CT
E E3+ALL

L2 178 S E3
E E5+ALL

L3 8183 S E4+NT

L4 9309 S L1-L3
E SPINAL CORD COMPRESSION/CT
E E3+ALL

L5 6154 S E19+NT
E E18+ALL

L6 14858 S E14

L7 109 S E57,E58
E HERNIA/CT
E E3+ALL

L8 110171 S (SPINAL CORD+NT OR SPINE+NT)/CT

L9 3606 S L8 AND ?HERNIA?
E INTERVERTBRAL DISK/CT

L10 5519 S E9+NT
E E26+ALL

L11 9418 S E5+NT
E E4+ALL

L12 11408 S E4

L13 53786 S E4+NT
E SCIATIC/CT

L14 19276 S E4+NT
E E47+ALL

L15 2767 S E6+NT

L16 517 S L4 AND L5-L15

L17 8 S L4 AND (SLIP? OR ?HERNIA?) (L) (DISK OR DISC OR DISCAL?)
E VERTEBRA/CT
E E4+ALL
E E2+ALL

L18 104 S E8+NT AND L4
E SPINAL CORD/CT

L19 213 S L4 AND (E3+NT OR E4+NT)

L20 76 S L4 AND (E47+NT OR E93+NT)

L21 0 S L4 AND E132+NT

L22 644 S L7,L16-L20

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      E BACK/CT
L23      44 S L4 AND E3+NT
L24      6 S L4 AND E9+NT
L25      216 S L4 AND E31+NT
L26      855 S L22-L25
L27      102 S L26 AND NEEDL?
L28      79 S L26 AND INJECT?
L29      5 S L26 AND SYRING?
      E NEEDLE/CT
      E E40+ALL
L30      17 S L26 AND E3+NT
      E SYRINGE/CT
      E E10+ALL
L31      0 S L26 AND E3+NT
      E INJECTION/CT
      E E3+ALL
      E E2+ALL
L32      36 S L26 AND E4+NT
L33      168 S L27-L32
L34      29 S L33 NOT AB/FA
      SEL DN AN 24 25 29
L35      3 S L34 AND E1-E9
L36      139 S L33 NOT L34
      SEL DN AN 16 42 93 L36
L37      3 S E10-E18 AND L36
L38      1384 S L3(L)MT/CT
L39      841 S L38/MAJ
L40      17 S L39 AND ?VERTEB?
L41      17 S L40 AND L1-L40
      SEL DN AN 9
L42      1 S L41 AND E19-E21
L43      69 S L39 AND L26
L44      58 S L43 NOT L40
L45      25 S L44 NOT AB/FA
L46      33 S L44 NOT L45
      SEL DN AN 11 26 31
L47      3 S L46 AND E22-E30
L48      766 S L39 NOT L40-L47,L35
L49      410 S L48 NOT AB/FA
L50      113 S L4 AND OLDMEDLINE/FS
L51      4769 S L4 NOT AB/FA
L52      4540 S L4 NOT L50,L51
L53      356 S L52 AND L48
L54      0 S L53 AND ?DISK?
L55      52 S L53 AND ?DISC?
L56      38 S L53 AND (BACK? OR SPIN?)
L57      1 S L53 AND ?HERNIA?
L58      2 S L53 AND ?COMPRESS?
      SEL DN AN 1
L59      1 S L58 AND E31-E33
L60      69 S L39 AND L26
L61      26 S L60 NOT AB/FA
L62      43 S L60 NOT L61
L63      8 S L35,L42,L47,L59 AND L1-L62
      E INJECTIONS, SPINAL/CT
      E E3+ALL
L64      8331 S E5+NT
      E E22+AKK
      E E3+ALL
L65      5980 S E5+NT
L66      49 S L4 AND L64,L65
L67      6 S L66 NOT AB/FA
L68      52 S L55 NOT L67

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L69 52 S L38 AND L68
 E MUSCLE/CT
 E E3+ALL
 E E2+ALL
L70 163 S L4 AND E5+NT
L71 22 S L70 AND L26
L72 7 S L71 NOT AB/FA
L73 15 S L71 NOT L72
L74 141 S L70 NOT L71, L63
L75 20 S L74 AND L38
L76 121 S L74 NOT L75
L77 8 S L63 AND L1-76

FILE 'MEDLINE' ENTERED AT 14:27:54 ON 08 JAN 2004

FILE 'EMBASE' ENTERED AT 14:28:09 ON 08 JAN 2004

L78 8138 S ?ACUPUNCT?
 E ACUPUNCTURE/CT
 E E3+ALL
L79 7737 S E3+NT
L80 8234 S L78, L79
L81 32 S L80 AND ?HERNIA?
 E SPINAL/CT
L82 6715 S E13+NT
L83 32800 S E67+NT
L84 662 S E112+NT
L85 3782 S E134+NT
L86 1273 S E165+NT
L87 62745 S E172+NT
L88 3770 S E189+NT
L89 6 S E212
L90 5 S E215
L91 17717 S E242+NT
L92 1037 S E258+NT
L93 1490 S E271+NT
L94 6620 S E297+NT
L95 7 S E324
L96 1027 S E323
L97 1732 S E328+NT
L98 178 S E335+NT
L99 1042 S E349+NT
L100 8782 S E351+NT
L101 1474 S E359+NT
L102 403 S E370+NT
L103 2069 S E398+NT
L104 1014 S E417+NT
 E E438+ALL
L105 2263 S E2+NT
 E E4+ALL
L106 8481 S E9+NT
L107 47957 S E8+NT
 E VERTEBR/CT
 E E4+ALL
L108 2448 S E1+NT
 E INTRAVERTEBR/CT
L109 1 S E10
 E INTERVERTEBR/CT
L110 287 S E5+NT
L111 2263 S E17+NT
L112 1716 S E22+NT
L113 8481 S E36+NT
L114 6107 S E52+NT
L115 1840 S E85+NT

L116 335 S L80 AND L82-L115
 L117 344 S L81,L116
 L118 101 S L117 NOT AB/FA
 L119 243 S L117 NOT L118
 L120 196 S L119/ENG
 L121 47 S L119 NOT L120
 L122 196 S L120 NOT L121
 L123 484 S L80 AND (SPINE OR SPINAL)
 L124 542 S L80 AND (?SPINE OR ?SPINAL?)
 L125 542 S L123,L124
 L126 115 S L125 NOT AB/FA
 L127 427 S L125 NOT L126
 L128 38 S L127 AND ?VERTEB?
 L129 389 S L127 NOT L128
 L130 29 S L129 AND INSERT?
 E METHOD/CT
 L131 1669 S E11+NT AND L80
 E E13+ALL
 L132 105 S E2+NT AND L80
 L133 1669 S L131,L132
 L134 1080 S L133 AND L79/MAJ
 E ACUPUNCTURE/CT
 E E3+ALL
 L135 43 S L134 AND L125
 E SPINE/CT
 L136 89 S E3+NT AND L80
 L137 85 S E38+NT AND L80
 L138 4 S E79+NT AND L80
 L139 14 S E88+NT AND L80
 L140 3 S E102+NT AND L80
 L141 1 S E124+NT AND L80
 L142 1 S E153+NT AND L80
 L143 1 S E173+NT AND L80
 L144 20 S E177+NT AND L80
 L145 183 S L135-L144
 L146 52 S L145 NOT AB/FA
 L147 131 S L145 NOT L146

FILE 'BIOSIS' ENTERED AT 15:05:04 ON 08 JAN 2004

L148 5582 S ?ACUPUNCT?
 L149 334 S L148 AND (SPINE OR SPINAL?)
 L150 367 S L148 AND (?SPINE OR ?SPINAL?)
 L151 5337 S L148 AND ?VERTEBR?
 L152 10 S L148 AND ?VERTEBRAE?
 L153 47 S L148 AND ?VERTEBRAL?
 L154 34 S L148 AND (DISK OR DISC OR DISCAL)
 L155 34 S L148 AND (?DISK OR ?DISC OR ?DISCAL)
 L156 421 S L149,L150,L152-L155
 L157 116 S L156 NOT AB/FA
 L158 305 S L156 NOT L157
 L159 2 S L158 AND 18002/CC
 L160 4 S L158 AND ?HERNIA?
 L161 11 S L158 AND ?COMPRES?
 L162 15 S L160,L161
 L163 289 S L158 NOT L159-L162
 L164 30 S L163 AND 175?/CC
 L165 259 S L163 NOT L164

FILE 'JAPIO' ENTERED AT 15:16:48 ON 08 JAN 2004

L166 214 S ACUPUNCT?

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